

State of Indiana
County of _____ (standard caption)

_____))
_____))
_____))
v. _____) SS: Case No. _____
_____))
_____))
_____))

**RETURN OF SERVICE INFORMATION FOR PROTECTIVE ORDERS, NO CONTACT
ORDERS AND WORKPLACE VIOLENCE RESTRAINING ORDERS (Under Ind. Code §
5-2-9-6 (b) (3))**

Date of service: _____

Time of service: _____ a.m. or p.m.

Person served:

____ Respondent/Defendant
____ Other person (Insert name) _____

Location served:

Service occurred at the following location (insert street address, city, county of service):

Served by: (Insert name and identification or badge number)

Manner of service:

____ Personal service to Respondent/Defendant
____ Served on the Respondent/Defendant in open court
____ Certified mail to Respondent/Defendant
____ Leaving a copy at last known address of Respondent/Defendant and mailing a copy
U.S. mail first class to the Respondent/Defendant's last known address
____ Other _____

This document was delivered to:

____ Sheriff (s) _____

____ Law enforcement agency (s) _____

Date

Clerk/Deputy Clerk